



THE CHILD PLAN

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Our Mission

North Carolina will provide children and families with mental health needs a system of quality care that includes accessible, culturally appropriate, individualized mental health treatment, intervention and prevention services, delivered in the home and community, in the least restrictive and most consistent manner possible.



**If you need assistance,
or have comments
or questions about the plan
or its implementation:**

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SYSTEM OF CARE IN NORTH CAROLINA

Historically in the U.S., the vast majority of children with serious emotional disturbance and their families had little chance to have their needs met. Mental health services were fragmented, provided in inappropriate settings, and families were not included in the process. Families, communities and professionals advocated for change in national policies.

The 1978 President's Commission on Mental Health and a book by Jane Knitzer (1982) called further attention to the problems. In response, Congress appropriated funds for a new children's mental health initiative in 1984. The Center for

Mental Health Services (CMHS) actively transformed the way children's mental health services are delivered by using a System of Care (SOC) approach. Initially, CMHS provided modest planning grants for system development. In 1992 with the passage of the Children's and Communities Mental Health Services Improvement Act, CMHS established a program to fund service development. N.C. received one of the first grants in 1994.

DMH/DD/SAS has won three grants to implement Systems of Care: PEN-PAL (Pitt Edgecombe Nash-Public Academic Liaison), NC FACES (Families

and Communities Equal Success), and SOC Network. These grants established local SOC in 22 N.C. counties. They target children (and their families) ages five to 18 who have serious emotional disturbances, are at risk for or experience out-of-home placement and whose care involves multiple service agencies.

All SOC projects promote the full partnership of families. In 2001, family members created a statewide organization, North Carolina Families United (NCFU), and won a three-year federal grant for organizational development.

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MICHAEL LANCASTER JOINS TEAM

In July, Mike Moseley, DMH/DD/SAS Director, announced the formation of a special project team under the leadership of Michael Lancaster, the Division's new Chief of Clinical Policy. Building on previous accomplishments, Lancaster will work with Susan Robinson, Plan Manager, and the team to complete implementation of the Child Mental Health Plan as soon as possible.

As a member of the Division's Executive Leadership Team, Lancaster provides clinical leadership regarding quality and effectiveness of services

and supports and development of the continuum of care. Prior to joining the Division in June 2004, Lancaster was a regional medical director of ValueOptions in Research Triangle Park. His work included clinical oversight of the behavioral health care benefits of the State of North Carolina Teachers and Employees Health Plan.

Since 1981, Lancaster has maintained an active private practice as a Board Certified Adult and Child and Adolescent Psychiatrist in Raleigh. As clinical director of a private psychiatric hospital, he developed inpa-



Michael Lancaster, M.D.

tient services and partial hospitalization programs for children and adolescents. He holds a clinical associate professor appointment at the University of North Carolina-Chapel Hill and Duke University.

PROGRESS AND CRITICAL SUCCESS FACTORS

- **Access:** Under study.
- **Accountability:** Initial training on the revised NC TOPPS including mental health outcomes for children was held in Sept.
- **Best practices:** Service definitions will be available for public comment in Nov.
- **Communication:** The Child & Family web page is being re-designed.
- **Memoranda of agreement:** Current focus is on review of the MOAs signed by state and local collaboratives and strengthening the development of the State Collaborative through increased participation of decision-makers and progress towards goals.
- **Operations/Rules/Policies:** The Division will review all LME & provider rules this fiscal year.
- **Partnerships:** See below.
- **Resources/Funding:** DMH/DD/SAS Director Mike Moseley recently notified all LME directors of changes that expand the use of CTSP funds for additional children who may be at risk for out-of-home placement. Further, the Division has increased flexibility in the use of unit cost reimbursement (UCR) and/or non-UCR funds. Specific details are forthcoming.
- **Training:** Under development.
- **Transitioning children to home communities:** Development of community capacity is ongoing.

SYSTEM OF CARE IN N.C., CONTINUED

Outcomes of these projects show that involvement with SOC is associated with positive results for the children. After 12 months in the project, the number of children with severe behavioral and emotional problems decreased from 88 percent to 68 percent. Fewer children were detained, suspended or expelled from school. The number of children with more than one living arrangement at enrollment decreased from 52 percent to 31 percent.

PEN-PAL ended its five-year grant during 1998-1999 and the FACES grant ended in 2003. Counties in both these grant sites continue to use SOC for delivery

of services. The SOCNet grant ends in 2005.

The State Collaborative for Children's Services was begun informally in 1999 by senior staff from DMH/DD/SAS, Division of Social Services, Department of Juvenile Justice and Delinquency Prevention and the Governor's Crime Commission. As other state agencies learned of the meetings, they sent representatives. In 2003, member agencies signed a formal memorandum of agreement to collaborate on SOC.

In 2001, the N.C. General Assembly passed legislation to establish the Comprehensive Treatment Services Program

(CTSP) for children at risk of out-of-home placement. To access CTSP funding, local programs had to develop key SOC components in their children's service delivery system, including child and family teams and a local community collaborative.

As part of reform, DMH/DD/SAS recognizes that System of Care is an excellent, comprehensive approach that employs evidence-based thinking. The State Collaborative and DMH/DD/SAS developed *The Child Mental Health Plan* (Sept. 2003) – the basis for reform in the Division's children's services system.

Did you know?

System of Care

Core Values

- Child-centered.
- Family-focused.
- Family driven.
- Community-based.
- Culturally competent & responsive.

Guiding Principles

- Agency collaboration.
- Individualized service plans.
- Family participation in every aspect of the system.
- Prevention & early intervention services
- Comprehensive array of services & supports.
- Human rights protection.
- Non-discrimination.

References:

Jane Knitzer, *Unclaimed Children: the failure of public responsibility to children and adolescents in need of mental health services* (1982). SAMHSA CMHS, Annual report to Congress, March 2001.

INTERAGENCY DEVELOPMENTS

The **State Collaborative** serves as the state advisory committee for the federal System of Care (SOC) sites. The Collaborative considers issues identified by local or state agency representatives, family members, advocates or others. Issues have included coordination of services, funding, training needs, local reporting requirements, duplication of services and how to make the system more user friendly. The State Collaborative has de-

veloped recommendations regarding these issues for local implementation.

DMH/DD/SAS and DSS

These two agencies are working to align their policies on child and family teams. Representatives from Guilford Co. and the Sandhills area (former federal SOC sites) met with Social Services staff from Wake and Guilford counties to discuss barriers to operating effective child and family teams when both agen-

cies are involved. The two state agencies will share protocols currently under development to facilitate communication.

DMH/DD/SAS and DPI The Division participated in the Department of Public Instruction's quarterly planning meeting to review DPI's six-year implementation plan. Division staff contributed to DPI's handbook for exceptional education staff on SOC and the status of children's mental health reform.